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BOROUGH



OF LEIGH

Education Committee

Annual Report

of the

School Medical Officer

for the

Year ended 31st December, 1934

LEIGH :

Collins & Darwell, Printers

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BOROUGH OF LEIGH, 1934

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Mr. R. RATCLIFFE

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Mrs. BOYDELL, J.P.

Councillor HASELDINE

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Rev. Fr. FRASER

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Mrs. BETTON

Mrs. LOWE

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Rev. Fr. HOTHERSALL

Rev. Fr. FRASER

Mr. R. RATCLIFFE

Rev. G. WILLETT

Mrs. W. R. BOYDELL, J.P.

Staff of School Medical Service.

Medical Officer of Health and School Medical Officer :

J. CLAY BECKITT, M.R.C.S., L.R.C.P., D.P.H.

Assistant Medical Officer of Health and Assistant School Medical Officer :

W. AULAY McLENNAN, M.B., Ch.B., D.P.H.

Operative Surgeon :

F. PEARCE STURM, M.Ch.

Aural Surgeon :

F. PEARCE STURM, M.Ch.

Dental Surgeon :

L. MORAN, L.D.S.

**School Nurses :*

Miss BELYEA

Miss C. A. SMITH

Miss BOYDELL

Miss GOULDEN

Miss M. SMITH

Mrs. FOSTER

†Clerks :

S. CUNNINGHAM

Miss MULROONEY

H. BURROW

*—Engaged jointly in Maternity and Child Welfare and School Medical Work.

†—Engaged jointly in Health, Maternity and Child Welfare, and School Medical Work.

Town Hall,
Leigh.

To the Chairman and Members of the
Education Committee of the Borough of Leigh.

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present to you my Annual Report on the Medical Inspection and Treatment of School Children in the Public Elementary Schools in the Borough of Leigh for the year ending 31st December, 1934.

The following tables show the particulars of the Schools, accom-
modation, and average attendance.

Accommodation.....	9689
Average on Register (4 to 14 years).....	6282
Average Attendance.....	5691
Percentage Attendance.....	90.6

	<i>Schools</i>		<i>Departments</i>		<i>Accommodation</i>
Provided.....	5	....	6	....	2020
Non-Provided.....	17	....	28	....	7669
—			—		—
Total.....	22	....	34	....	9689
	—		—		—

SPECIAL SCHOOL

Leigh Open-Air Camp School at Prestatyn

	1st term		2nd term
Average on Register.....	60	....	60
Average Attendance.....	60	....	60
Percentage Attendance.....	100	....	100

1.—SCHOOL CLINICS

1. Minor Ailment	....Stone House	....Daily	....9-30—11-0
	....Coalpit Lane	....Daily	....9-30—11-0
	....Nangreaves St.	....Daily	....9-30—11-0
2. Eye	....Stone House	....Friday	.... 2-0— 4-0
3. Ear, Nose and Throat	.... „	....Wednesday	....10-0—11-0
4. Dental	....Old Town Hall	....Daily (except Saturdays)	....9-30—12-0
	.... „	.... „	.... 2-0— 4-0
5. Operative	....Stone House	....Wednesday	....10-0— 5-0
6. Artificial Light	.... „	....Tuesday	.... 2-0— 4-0
	.... „	....Friday	.... 2-0— 4-0
7. School Clinic	.... „	....Thursday	.... 2-0— 4-0
8. Orthopaedic	....Lancashire	....Monday	.... 2-0— 4-0

County Council at Tyldesley.

2.—CO-ORDINATION WITH OTHER HEALTH SERVICES.

The School Medical Officer and the Assistant School Medical Officer are also Medical Officer of Health and Assistant Medical Officer of Health and have charge of the Child Welfare Organisation. Co-ordination of supervision is thus secured.

All the Nurses are also available for both Services, and give approximately half time to each.

There is no Nursery School in the Borough.

The care and treatment of debilitated children below school age are secured through the Maternity and Child Welfare Scheme by :—

Private Medical Practitioners.

School Treatment Clinics.

The Local Hospitals.

Special Hospitals.

Orthopaedic Clinic.

Milk, either free or at part price, can be given to these children in accordance with a means scale.

They may also receive, if necessary, a course of treatment at the Artificial Sunlight Clinic.

The Health Nurses visit the homes, advise the parents and endeavour to get every case properly treated.

The following table shows the numbers of pre-school children dealt with at the School Treatment Clinics during 1934 :—

PRE-SCHOOL CHILDREN

<i>Clinic</i>	<i>Number of individual children treated</i>	<i>Number of Attendances</i>
Minor Ailments.....	28	227
Operative (Tonsils and Adenoids).....	3	6
Eye.....	4	12
Artificial Sunlight.....	42	828
Ear, Nose and Throat.....	6	10
Dental.....	34	51
Orthopaedic.....	3	8
TOTAL.....	120	1142

3.—SCHOOL HYGIENE

The Medical Officers have made a thorough inspection of the Elementary Schools in the Borough during the year under review.

In the more recently erected Schools, and in those to which alterations have been lately completed, conditions generally are healthy and the environment of these Schools must tend to create in the children's minds a fairly high standard of what ought to obtain hygienically. Lighting of the classrooms is good and facilities for washing adequate. Water-closets are sufficient in number and kept in a satisfactory condition.

In some of the older Schools conditions are almost the reverse of this. The number of washbowls in many of the Schools is quite inadequate, water-closets are not kept in a sanitary condition, and urinals are fitted with a most unsatisfactory flushing arrangement, if any, and consequently soon become most obnoxious. Some caretakers, particularly part-time ones, seem to consider that, in cases where there is no automatic flushing cistern to the urinal, a daily swilling is all that is necessary.

I was surprised to see in one of the Schools which has recently undergone alterations—peg-stands of open wire-work, that is to say, the two sides of the coat stand were separated by a wire grating. This of course would provide head-lice with wonderful travelling facilities from one cap to another. It is eminently desirable that the two sides of a coat stand should be separated by an impermeable partition.

In those Schools with unpaved playgrounds the cleaning of the classrooms must seem an Augean task.

There is usually no arrangement for drying clothes, apart from the heating of the cloakroom.

Some of the Schools lack a proper retiring room for the teachers, and in most of these, there is no separate closet or washing accommodation.

4.—MEDICAL INSPECTION

As in previous years routine medical inspection of Scholars has been carried out in the three Statutory groups :—

- (a) Entrants to School,—of whatever age.
- (b) 2nd Age Group—those who have attained the age of 8 years.
- (c) 3rd Age Group—those who have attained the age of 12 years.

During 1934 the number of children examined at routine medical inspections of these three age groups was 2514. Of the children inspected 566 or 22.5 per cent. were found to be suffering from defects requiring treatment (excluding uncleanliness and dental defects).

Children who do not fall into any of the routine age-groups at the time of inspection, but are presented specially by the head-teachers, are treated as Specials, and are included as such in Section B of Table 1.

Children who are applicants for admission to the Leigh Children's Holiday Camp at Prestatyn, and the children who are selected for admission to the Leigh Open-Air Camp School at Prestatyn are also examined each year at Special Clinics. They are included under the heading of "Other Routine Inspections" in Section A of Table 1.

It is indeed gratifying to report a further increase in the number of parents who attended routine inspection, and to the examining Medical Officer it is an indication that his work is appreciated and his advice sought.

If the child is in need of treatment for any defect the opportunity of imparting information or of answering questions regarding it, is welcomed, and is so very much better than handing to the child a note to the effect that it requires treatment for a certain defect. The number of parents attending routine inspections was 1,021 or 42 per cent. of the children examined.

The following figures show the number of children examined in each age group, and the number and percentage of parents who attended.

	<i>No. of Children examined</i>	<i>No. of Parents attending</i>	<i>Percentge of parents attending</i>
Entrants.....	706	482	68.2
Second age-group.....	897	439	48.9
Third age-group.....	911	100	10.9
	<hr/>	<hr/>	<hr/>
Totals.....	2514	1021	42.7
	<hr/>	<hr/>	<hr/>

Approximately half of the Schools have a vacant room in which inspection can take place. This is an improvement on former conditions and has resulted from the re-organisation of the Schools. The remainder, however, cannot boast of any plan which is at all adequate, since it invariably involves the transference of one class to a room already occupied. Moreover, in these Schools, since the inspection is done in a room adjacent to the others and generally separated only by a wood and glass partition, the noise is a considerable and disturbing factor.

The Head Teachers usually place their services at my disposal, and often the Assistant Teacher is present during the inspection of the members of his or her class. I encourage their presence, and find their observations of great value. They receive advice first hand, and undoubtedly take a greater interest in the defective condition when pointed out to them. They also act as an ideal link between the doctor and the parent in the absence of the latter, and are a potent factor in securing treatment by the more indifferent parent.

5.—FINDINGS OF MEDICAL INSPECTION and ARRANGEMENTS FOR TREATMENT

In the prescribed groups the number of individual children found to require treatment (excluding uncleanness and dental diseases) expressed as a percentage of the number inspected, was 22.5 per cent.

The following table is inserted to show the percentage of Children found to require treatment since 1925.

*Percentage found to
require treatment.*

1925.....	47
1926.....	36
1927.....	29
1928.....	25
1929.....	30
1930.....	40
1931.....	32
1932.....	31
1933.....	27
1934.....	22.5

It will be observed that during the last five years the percentage has lowered itself each year, and that the figure for 1934 is the lowest yet recorded.

This is extremely gratifying and although it is somewhat above the figure for England and Wales for 1933, which is 17.33 per cent., it compares very favourably with the figures of other Lancashire towns.

On the recognition of a defect the parent is informed of the fact by letter, or verbally if present, and is requested to consult the family doctor with a view to treatment. The Head Teacher is also notified of the defect.

A defect card is made out and the child subsequently called for re-examination.

If efficient treatment has not been obtained further pressure is put on the parent to take steps to secure it, or the services of the Special Treatment Clinics, in suitable cases, are offered. Minor Ailments, Dental, Aural, Ophthalmic, Operative, Orthopaedic and Artificial Light Clinics have been held during the year.

A.—Malnutrition.

The Medical Officers have been constantly on the watch for cases of under-nourishment among the School Children. Nurses, School Attendance Officers and Teachers do not hesitate to refer doubtful cases. In the three prescribed groups, 41 children were found to be suffering from malnutrition requiring treatment. This gives a rate of 16.3 per 1000 children examined, the rate for the whole of England and Wales for the year 1933 being 11.1 per 1000. Compared with other industrial areas the rate of incidence is not high, and it is an improvement on the rate for 1933.

During the year the special anthropometrical investigations which were carried out last year have been continued, although these entailed a considerable amount of additional work. The Children in the routine age-groups were taken, and records of their heights and weights analysed and compared with the table of the Anthropometric Committee for the British Association.

From this analysis it can be gathered that there has been a slight but definite improvement in the physique of Leigh School Children. The average height and average weight in each of the three age-groups have increased, and if the 1932 figures are included for still further comparison, there has been a steady betterment each year.

Details of the Anthropometric Survey, together with a table are given on a later page.

It can be truthfully affirmed that there is an improvement in the physique of the elementary School Children and that, for an industrial area, malnutrition among School Children does not exist to any great extent.

The following table shows the state of nutrition of the Children examined in the routine age-groups.

NUTRITION

	<i>Entrants</i>	<i>2nd Age group</i>	<i>3rd Age group</i>	<i>Totals</i>
Normal.....	691	877	901	2469
Malnutrition requiring treatment.....	12	19	10	41
Malnutrition requiring observation.....	3	1	—	4
Totals.....	706	897	911	2514
Percent Normal.....	97.87	97.77	98.90	98.3

Facilities for the remedy of this condition exist and are utilized to the full. They are as follows, the appropriate measure for each case being suggested :—

1. Breakfasts and dinners provided by the Authority.
2. The provision of milk free or at part cost.
3. The provision of cod-liver oil or one of its preparations.
4. Artificial Sunlight treatment.

There is no separate Clinic in the Borough where advice regarding nutrition is given, but no opportunity is missed at routine inspection nor at clinic for inculcating the principles of dietetics and advising as to choice of food in individual cases.

B.—Uncleanliness.

The average number of visits per School made during the year by the School Nurses in connection with uncleanliness and verminous conditions was 8.7. Additional inspections are made at the visits of the Medical Officer.

The head and body are examined for cleanliness, vermin and nits, and at the same time a watch is kept for sores, ringworm and other skin conditions.

If nits only are in evidence, printed instructions regarding their eradication are given to the child to convey to the parent.

If vermin are found the child is immediately excluded. This was not formerly practised in every case, but I have found that the arrangement has a distinctly chastening and salutary effect on the parent, and almost invariably results in a clean child being brought for inspection to the clinic. An opportunity is thus afforded, where the parent has not been present at the routine inspection at school, of issuing timely advice and warning.

In the minds of some parents a great distinction is drawn between vermin and nits. A stigma attaches itself if vermin are present but nits are often regarded as a natural accompaniment of childhood and as a result little attention is given to their eradication.

Children who are found to be suffering from head lice and nits at one inspection, are very soon afterwards reinspected by the nurses to discover if there has been any further lapse on the part of the parent.

The services of the N.S.P.C.C. are utilized in following up cases in which parents are negligent.

Total Inspections for Cleanliness 13,268.

No. of Individual Children found unclean 1,804

The number of individual children found unclean (1,804), expressed as a ratio of the number of individual children inspected (6632) was 27.2 per cent.

C.—Minor Ailments and Diseases of Skin.

These consist of Impetigo, Eczema, Ringworm, Blepharitis, Injuries, Enlarged Glands, Otorrhoea, etc.

Excluding cases of uncleanliness, 1,127 were found during the course of inspection. The following table shows the nature and respective numbers of the minor defects found :—

<i>Minor Defects</i>	<i>No. requiring Treatment</i>		<i>No. for Observation</i>		<i>Total</i>
Enlarged Glands (Non-T.B.).....	10	....	519	....	529
Skin Diseases.....	177	....	23	....	200
Other Minor Defects.....	373	....	25	....	398

Minor ailments show little tendency to decrease, and the children who suffer are drawn mostly from homes where the standard of cleanliness is not what it ought to be, and where conditions are therefore favourable to the spread of minor septic maladies such as impetigo, wounds, sores, discharging ears, and external eye diseases.

The number of Children who have Enlarged Glands (Non-tubercular) is very large, but only 10 of these were found to require treatment. In the remainder, noted as requiring observation, the enlargement of the glands (generally submaxillary or cervical) was due to dental caries, unhealthy tonsils, pediculosis, or septic skin conditions, and the appropriate treatment for the cause of the condition was advised.

Minor Ailments are treated each morning at the three clinics by the Nurses under the supervision of the School Medical Officers.

Treatment of ringworm of the scalp is available by X-rays at the Leigh Infirmary.

Treatment of many minor conditions outside the clinic is far from satisfactory. The length of time taken is out of all proportion to what is required under supervised energetic measures, and if exclusion from School is necessary, the loss of education to the child and grant to the Authority are serious.

During the year the occlusive treatment for impetigo by means of "Elastoplast" has been tried, and it is considered that by this method of treatment children return to School somewhat sooner than formerly, and can sometimes even continue attendance at School.

The following table shows the number of minor defects treated at each Centre together with the number of attendances.

<i>Disease or Defect</i>	<i>Number of defects treated,</i> <i>Stone House Nangreaves Coal</i>			<i>Totals</i>
		<i>Street</i>	<i>Pit Lane</i>	
Skin Diseases.....	179	86	117	382
Minor Eye Defects.....	33	13	3	49
Minor Ear Defects.....	34	14	23	71
Miscellaneous..... (Minor injuries, bruises, sores, etc.)	174	97	176	447
TOTAL number of Defects.	420	210	319	949
No. of Attendances.....	3541	1906	3426	8873

D.—Visual Defects and External Eye Disease.

The following table, an extract from Table II-A shows the incidence of visual defects and external eye diseases.

	<i>Routine Inspections</i>		<i>Special Inspections</i>	
	<i>Requiring treatment</i>	<i>Requiring observa'n</i>	<i>Requiring treatment</i>	<i>Requiring observa'n</i>
Blepharitis.....	23	1	3	—
Conjunctivitis.....	2	—	8	4
Keratitis.....	—	—	—	—
Corneal Ulcer.....	—	—	3	—
Defective Vision (excluding squint).....	276	51	165	36
Squint.....	38	5	26	2
Other conditions.....	19	—	23	4

It will be observed that in the Routine Inspection of the Code-groups — Intermediates and Leavers — 15 per cent. of children were found to have some visual defect. This figure compares favourably with that of 1933 when the percentage was 17.

External Eye conditions receive treatment through one or other of the following :—

- (1) Private Practitioners.
- (2) Manchester Eye Hospital.
- (3) Minor Ailment Clinics.

Forty-nine cases were treated at the Minor Ailments Clinics and four received treatment from Medical Practitioners.

Cases of Squint are treated as defects of vision.

The following table shows the nature and number of the cases of external eye disease treated at the clinics.

	Stone Hse.	Nan. St.	Coal P.L.	Totals
Blepharitis	11	5	3	19
Conjunctivitis.....	13	3	—	16
Stye.....	9	5	—	14
	—	—	—	—
Totals.....	33	13	3	49

The routine adopted at the Ophthalmic Clinic remains the same as in previous years approximately eighteen children being attended to at each session.

One hundred and ninety-three children were dealt with during the year.

Below are particulars of the work in tabular form.

No. of children dealt with.....	193
Examined by retinoscopy.....	175
Subjectively examined.....	162
Glasses prescribed.....	157
Glasses Supplied.....	157
Glasses unnecessary.....	9
Fresh glasses unnecessary.....	3
New frames only.....	1
Referred to Manchester Royal Eye Hospital.....	1

Number of Clinics held.....	35
Number of Attendances.....	480

NATURE OF DEFECT :

Emmetropia (Normal Vision).....	8
Simple Hyperopia.....	50
Hyperopic Astigmatism.....	57
Mixed Astigmatism.....	6
Myopia.....	21
Myopic Astigmatism.....	15
Anisometropia.....	3

The parents of thirty other children suffering from refractive errors secured the appropriate treatment otherwise than under the Scheme of the Local Education Authority.

E.—Nose and Throat Defects.

The following table shows the number of children found at Medical Inspections to be suffering from these defects.

	Routine Inspections		Special Inspections	
	Requiring treatment	Requiring observa'n	Requiring treatment	Requiring observa'n
Chronic Tonsillitis only.....	10	219	8	19
Adenoids only.....	26	18	21	4
Chronic Tonsillitis and Adenoids.....	44	26	31	8
Other Conditions.....	33	0	16	4

The incidence of Enlarged Tonsils and Adenoids which require treatment among the School Children examined at Routine Inspections in Leigh is lower than that of the country as a whole, being 31.8 per 1000 children compared with 39.5 per 1000, the figure for England and Wales for 1933.

Only those were referred for operative treatment who showed evidence of repeated catarrhal attack, deafness, otorrhoea, mouth breathing, or in whom the tonsils were so large as to manifestly warrant removal, or were the seat of sepsis.

As far as operative treatment is concerned the routine practice adopted has been the same as in previous years and a report on the work of the clinic will be found on page 39.

F.—Ear Disease and Defective Hearing.

	Routine	Inspections	Special	Inspections
	Requiring	Requiring	Requiring	Requiring
	treatment	observa'n	treatment	observa'n
Defective Hearing.....	45	—	19	—
Otitis Media.....	78	5	28	4
Other Ear Diseases.....	172	4	17	3

The incidence of Otitis Media is 31.0 per 1000 Children examined.

Parents do not seem to realise the gravity of discharging ears, and inquiry will often reveal the fact that the ears have been discharging for some time, and that the child has received little or no treatment for the condition.

Otorrhoea is treated by referring the cases to :—

- (a) Private Medical Practitioners.
- (b) Special Hospital.
- (c) Aural Clinic.
- (d) Minor Ailments Clinics.
- (e) Special Department of the Leigh Infirmary.

The condition requires such long and persistent treatment that it is found that the absence of control associated with the two first channels leads to slackness and early abandonment of treatment. Little assistance in the treatment can be obtained in the children's homes, and it is clear the Clinic is the only means by which cure can be anticipated. A Special Clinic, under the supervision of an Honorary Specialist, has now been carried on for fourteen years with very considerable success, advantage being taken to get the condition adequately treated in the early stage. Apart from the presence of wax in one or both ears, deafness was found to be due to Middle Ear Disease caused by Measles, Scarlet Fever, or other infective catarrhal disease and Tonsils and Adenoids. Adenoids are found to be almost constantly present, and their removal has been found essential to successful treatment.

Treatment is urged in every case, and the necessity of persistence pointed out if attendant dangers are to be avoided and cure obtained.

Further particulars of the work carried out will be found in the report of the Aural Clinic.

During the last two months of 1934 a trial has been made at the Minor Ailments Clinics of a recently perfected remedy for the treatment of discharging ears, viz., Antivirus.

This condition can in many instances be most intractable, and it is with hope that we turn to anything which is likely to aid the treatment in any way.

It is too early yet to give a detailed statement but the general impression gained is that in some instances permanent good has resulted and cases with long-standing chronic ear discharge have cleared up.

G.—Dental Defects.

Of 2514 Children examined at Routine Inspections 907 were found to be suffering from dental caries.

Details of inspection of treatment by the School Dentist are given in his Annual Report and in the statistical tables.

H.—Orthopaedic and Postural Defects.

The following table shows the number and nature of the cases discovered during the year.

	<i>Boys</i>	<i>Girls</i>	<i>Total</i>
Scoliosis & Evidence of Rickets.....		1	1
Infantile Paralysis Left Lower Limb.....		1	1
Kypho-Lordosis & Slight Scoliosis.....	1		1
Postural Kypho-Lordosis.....-	1	1	2
Cleft Palate.....	1		1
	—	—	—
	3	3	6
	—	—	—

Endeavour is made to secure treatment at such a stage as to ensure, in most cases, that treatment will be of value in the cure or amelioration of slight deformities or in preventing gross manifestations.

The Tuberculosis cases are referred to the Tuberculosis Officer and are kept under our joint observation, with mutual endeavours to secure appropriate treatment, and by insisting on the parents giving the necessary facilities.

For other crippling conditions, with the exception of Heart Disease, arrangements have been made with the Lancashire County Council for minor treatment and after-care at the County Orthopaedic Clinic at Tyldesley, three miles away. The Clinic is staffed by a Senior and a Junior Orthopaedic Surgeon, a fully trained Sister, etc.

Cases requiring operative treatment with confinement to bed for a short period only are admitted to Ancoats Hospital, Manchester. If a more prolonged residence is required the patient is sent to the County Orthopaedic Hospital School at Biddulph.

The Surgeons of the Clinic carry out the operative treatment in both institutions.

I.—Heart Disease and Rheumatism.

Only 5 cases of organic heart disease were discovered and 7 cases of functional heart disease. This total of 12 gives a case rate per 1000 of 4.8.

The parents of children whose heart condition is the result of rheumatism are advised to keep the child under the supervision of their own general practitioner or to bring them periodically for inspection to the Clinic.

J.—Tuberculosis.

Before the diagnosis is definitely adopted, every case, doubtful or otherwise, is referred to the Tuberculosis Officer for his diagnosis, and his opinion as to the infectivity of the condition, in order to arrive at a decision regarding School attendance.

Three cases were referred during the year, and in all these a diagnosis of Non-Pulmonary Tuberculosis was confirmed.

6.—FOLLOWING UP

The arrangements for the following up of children suffering from the various defects remains the same as in previous years, and the work undertaken by the School Nurses has been summarized in previous reports.

TIME-TABLE OF CLINICS

	<i>Stone House</i>	<i>Coal Pit Lane</i>	<i>Nangreaves Street</i>
Mon. —Morning	....Minor Ailment	....Minor Ailment	....Minor Ailment
Afternoon	....Maternity and Child Welfare	....	....
Tues. —Morning	....Minor Ailment	....Minor Ailment	....Minor Ailment
Afternoon	....Artificial Sunlight	....Sewing Class	....
	Sewing Class	....	....
Wed. —Morning	....Minor Ailment	....Minor Ailment	....Minor Ailment
	Aural	....	....
	Operative	....	....
Afternoon	....Operative	....Maternity and Child Welfare	....Maternity and Child Welfare
Thur —Morning	....Minor Ailment	....Minor Ailment	....Minor Ailment
Afternoon	....Inspection	....	....
Fri. —Morning	....Minor Ailment	....Minor Ailment	....Minor Ailment
Afternoon	....Artificial Sunlight	....	....
	Ophthalmic	....	....
Sat. —Morning	....Minor Ailment	....Minor Ailment	....Minor Ailment

The Dental Clinic is held at the Old Town Hall, King Street, and is open morning and afternoon daily during the School week except when dental inspection is being undertaken in the Schools.

7.—TREATMENT BY ARTIFICIAL SUNLIGHT

This Clinic was held twice weekly. The patients are school children and children of pre-school age. During the year under review forty-one school children and forty-two pre-school children were treated.

A mercury vapour suspended lamp, which can be readily adjusted, fitted with the K.B.B. atmospheric type burner, is used.

The dose, which is progressive, is recorded in each case by means of the distance from the lamp and time of exposure, and frequent examinations of the children are made to determine the value of the treatment.

It has been abundantly demonstrated by the results obtained that the Artificial Light Clinic at Stone House is serving a real need.

The condition most amenable to this treatment is, of course, rickets, and this is closely followed by malnutrition and debility. Whenever possible cases of rickets discovered during school medical inspection or otherwise are referred for treatment to the Sunlight Clinic. Treatment by cod-liver oil is encouraged at the same time, but where cod liver oil alone is used in treating the condition, cure is not obtained with the same rapidity as when irradiation with the ultra-violet lamp is given.

Cases of debility following measles and whooping-cough invariably respond extremely well to treatment.

It has been the aim of the medical staff to refer for a short course of treatment those children who were pale, weak and flabby, and who, to all appearances, might suffer severely from, or possibly succumb to, an infective disease. In other words, the preventive aspect of this treatment has been kept ever in the foreground.

Until we can lessen the smoke pollution of our towns, and thus enjoy an increased amount of natural sunlight, it behoves us to see that our children do not suffer as a result of the deprivation of the essential rays.

A table showing the number of children treated, and the number of attendances is given below.

	<i>School Children</i>	<i>Pre-school Children</i>	<i>Total</i>
No. of clinics held.....	92	92	92
No. of children treated.....	41	42	83
No. of defects treated.....	45	44	89
No. of attendances.....	973	828	1801
Average attendance.....	10.5	9.0	19.5

<i>Conditions treated</i>	<i>School Children</i>	<i>Pre-School Children</i>
Rickets.....	8	37
Bronchitis.....	18	—
Anaemia.....	7	5
Rheumatism.....	3	—
Debility.....	2	3
Adenitis.....	1	1
Alopecia.....	1	—
Malnutrition.....	1	—
Infantile Paralysis.....	1	—
Stunted growth.....	1	—
Convalescent Mastoiditis.....	1	—
Eczema.....	1	—
	45	44

8.—INFECTIOUS DISEASES

The following is a summary of the notifiable infectious diseases affecting School-children during the year.

Scarlet Fever.....	71
Diphtheria.....	28
Pneumonia.....	11
Tuberculosis.....	7

The incidence of Scarlet Fever is higher than last year, and the number of cases of Diphtheria is likewise greater. As far as can be ascertained there were no “ return ” cases of Scarlet Fever. The same administrative measures have been taken as in former years and no child who has been absent with a notifiable Infectious Disease is allowed to return to School until certified fit by the School Medical Officer.

9.—OPEN-AIR EDUCATION

Playground classes are held in some of the Schools during the summer months.

In the new Council Schools the classrooms are all potential open-air classrooms and when weather conditions permit are utilized as such.

The Leigh Children's Holiday Camp at Prestatyn, North Wales, was open during the five holiday weeks and 538 children each spent a week at Prestatyn.

The report on the work of the Residential Open-Air School will be found under Section 13.

10.—PHYSICAL TRAINING

Instruction in physical training is given by the teachers in the respective schools.

The School Medical Officers take advantage of every opportunity to observe the classes and discuss with the teacher any matters which arise. They also advise, in regard to individual children either referred to them for the purpose or which are met with in other ways, as to a modification of the training, application of special training, or entire omission of physical exercises.

Greater and more intelligent interest is being taken in the subject by teachers and pupils alike, but some of the schools lack the convenience of a covered area in which physical exercises can be taken in wet weather.

No baths are provided at the schools, but the Leigh Corporation have allotted hours for the exclusive use of their swimming baths by school children. Use is made of this privilege to the fullest extent, and instructors are provided.

Reports by the Swimming Instructors received during the year showed that 267 boys and 181 girls attended the baths, and that of these 223 boys and 158 girls were able to swim one or more lengths.

11.—PROVISION OF MEALS

Dinners and breakfasts are provided by the Authority, and are partaken of in a centrally-situated dining-room, with kitchen attached.

The children attending distant schools are brought in by 'bus at the expense of the Education Committee.

Meals are provided six days a week and continue through the holidays.

The dietaries are submitted for the approval of the School Medical Officer before being adopted and contain approximately 700 calories per dinner and 500 calories per breakfast.

The children are recommended by the teachers, Medical Service Staff, and if on examination they are found to be undernourished, the circumstances of the parents are ascertained by the School Attendance Officers and judged by the scale adopted by the Education Committee as to whether the meals are to be supplied free.

Appended is a list of the menus in use during the year :—

Two-Course Dinners for 50 Children

Monday.	<i>Approximate Calories per Meal</i>	Tuesday.	<i>Approximate Calories per Meal</i>
Meat and Potato Pie		Soup, Bread, Suet Pudding	
Rice Pudding		with Syrup.	
6 lbs. Meat		4 lbs. Meat	
40 lbs. Potatoes		6 lbs. Haricot Beans	
3 lbs. Flour		2 lbs. Lentils	
1 lb. Lard	650	2 lbs. Barley	
		3 lbs. Carrots	
		3 lbs. Turnips	700
Wednesday		Thursday.	
Stewed Beef and		Meat and Potato Pie	
Jam Roll		Rice Pudding	
5 lbs. Meat		6 lbs. Meat	
40 lbs. Potatoes		40 lbs. Potatoes	
4 lbs. Peas		3 lbs. Flour	
1 lb. Flour	700	1 lb. Lard	650
Friday		Saturday.	
Irish Stew and College		Meat and Potato Pie	
Pudding with Custard		Rice Pudding	
6 lbs. Meat		6 lbs. Meat	
40 lbs. Potatoes		40 lbs. Potatoes	
4 lbs. Carrots		3 lbs. Flour	
4 lbs. Turnips		1 lb. Lard	650
4 lbs. Onions	650		

Great care is exercised as to the cleanliness of the kitchen, dining-room and utensils. The food is of the best, well cooked, ample and most cleanly served. The Superintendent is to be congratulated on the very efficient manner in which the service is carried out.

A commodious wooden building adjoins the dining-room, and is fitted with hand-bowls and hot and cold water, in which the children wash before partaking of their meal. The building also acts as the waiting room for those awaiting a seat in the dining-room.

Most of the Schools in the Borough have recently joined the approved scheme which makes milk available for consumption by School children at the reduced price of $\frac{1}{2}$ d. for one-third of a pint. The scheme is a purely voluntary one, but it was considered that the reduction in price would result in more parents being able and willing to pay for the milk. The source of the milk must be approved by the Medical Officer of Health.

There is no doubt that the provision of milk in the Schools meets a real need and it is probably the means of preventing to some extent the development of undernourishment. There is some objection, however, to the time when it is given. Eleven o'clock in the forenoon is too late, and the complaint is sometimes made that the milk diminishes the children's appetite for their mid-day meal. If it were given at 10'o'clock, or soon afterwards, it would be more beneficial, since a longer interval would elapse before dinner, and greater benefit would accrue to those children (and there are many), who can partake of only a very meagre breakfast.

The inauguration and running of the scheme undoubtedly gives the teachers an extra amount of work ; in all instances, however, it has been heartily undertaken.

Most of the Schools have made arrangements with dairymen for the delivery of fresh milk in bottles, containing one third of a pint. The sources of supply have been approved. The Schools which are exceptions intend, for the present at any rate, to continue their former scheme of supplying warmed Horlick's malted milk.

	Free	Paid by P.A.C.
Total No. of Dinners supplied.....	37,415	2,121
Total No. of Breakfasts supplied.....	27,876	1,648
Average No. of Children fed per day (dinners)	120	11
Estimated No. of Children fed per day (breakfasts).....	90	9
Maximum No. of Children fed per day (dinners)	160	19
Average cost per dinner.....	4 $\frac{1}{2}$ d.	
Average cost per breakfast	2d.	

12A.—CO-OPERATION OF PARENTS

The parents of every child in the age group about to be inspected receive a notice from the Head Teacher that their child will be medically examined on such a day and time, with an invitation to be present. The parents of the younger children avail themselves of the opportunity in considerable numbers. The lack of reasonable waiting-room accommodation at the schools is certainly a deterrent in some cases. Their presence is a great advantage to the School Medical Officer and a benefit to the child, inasmuch as advice with regard to treatment is much more often acted upon than in other circumstances. The defective condition can be pointed out and the necessity for treatment explained in a manner much more appreciable than by letter.

In every case of ascertained defect the parent is notified of the nature of the defect, and a request is made to consult the private medical practitioner with a view to securing appropriate treatment. The parent is later asked to bring the child to the Inspection Clinic, so that it can be determined if treatment has been obtained.

If the necessary steps have not been taken, or are insufficient, further effort is made to impress on the parents its importance, or the service of the Treatment Clinic is offered.

It is evident that without the co-operation of the parent little treatment can be secured, and that even of minimum value.

The ability to offer treatment for the more prevalent defects at the Special Treatment Clinics has made the service much more efficient, and enabled the School Medical Officer to insist more or less, on treatment being obtained when necessary.

The attitude of the parent has of recent years undergone a considerable change in regard to their concern for the health of their children, and it is unusual to come across any unwillingness to seek treatment except perhaps as a result of financial inability to meet the expense. An endeavour is made to overcome these difficulties, usually with success.

The following figures show the numbers and percentages of parents who attended Routine Medical Inspection.

	<i>No. of Children examined</i>	<i>No. of Parents attending</i>	<i>Percentage of Parents attending</i>
Entrants.....	706	482	68.2
2nd Age Group.....	897	439	48.9
3rd Age Group.....	911	100	10.9
Totals.....	2514	1021	42.7

12 B.—CO-OPERATION OF TEACHERS

(1) Medical Inspections.

The teachers undertake to inform the parents of the children in the age group about to be inspected by a notice giving date, time and place, and an invitation to be present at the inspection.

They ascertain, by circular, the previous illnesses from which the individual child has suffered, entering them with the height and weight, age, etc., on the Medical Inspection Card.

They make arrangements, as convenient as the circumstances of their school buildings will allow, for suitable rooms for the use of the School Medical Officer and waiting-rooms for the parents.

The Head Teacher, and frequently also the Class Teacher, is present at the inspection, assisting in the general management, giving information of facts observed by them with regard to the children, and receiving opinions and advice from the School Medical Officer in connection with the defects found.

The teachers also present, for special inspection at the Routine Medical Inspection, children not of the age groups due for Routine Inspection who, in their opinion, show evidence of physical or mental defect. Such children are sent by the teachers at other times to the Inspection Clinic and Minor Ailments Treatment Clinics.

(2) Following up.

At the close of the Routine Inspection of a School a list is sent to the Head Teacher of those children found defective, giving the nature of the defect. They are asked to take advantage of every opportunity to bring the defect before the parents and urge the importance of securing treatment.

Any material change for the worse in the condition of the ailment is brought to the notice of the School Medical Officer by the child being sent to the Inspection Clinic.

(3) Treatment.

I am satisfied that the teachers are anxious to co-operate in securing treatment and try to influence parents as opportunities occur. They send the children who are referred to the Treatment Clinics regularly and punctually. A system of "Clinic Attendance Cards" is in use for those attending school, whereon is marked the date and time of the next visit to the Clinic, the time of leaving school for the purpose and the time of dismissal from the Clinic. The card is retained by the teacher till attendance at the Clinic is no longer required, except when the child is actually making the visit to the Clinic.

I think the teachers appreciate the definite information of the child's movements obtained by this means, and realise they are more than compensated for the attention required to carry it out.

The frequency with which the teachers send to the Inspection Clinic children known by them to be suffering from defects convinces me that they are anxious to secure a remedy as early as possible, and are prepared to exert themselves for the purpose.

12 C.—CO-OPERATION OF SCHOOL ATTENDANCE OFFICERS**(1) Medical Inspection.**

By procuring the entrance to school of all children as soon as they attain school age, and ascertaining the arrival in the district of all newcomers, they make the group submitted for inspection as complete as possible.

(2) Following up.

The School Attendance Officers are made aware of those cases of defects in which no effort is made to secure treatment. If absence from school on account of sickness follows, capital is made of the parents' neglect and dealt with accordingly.

Absence from Inspection or Treatment Clinics is also reported to them. Their investigation usually secures attention.

The list of absentees on account of alleged sickness is supplied by the School Attendance Officers to the Nurses, who visit the homes as far as the limited staff will allow, or the children are called to the Inspection Clinic if the nature of their ailment will permit.

(3) Treatment.

The School Attendance Officers use their influence to induce parents to seek the medical treatment advised. If persistent neglect to do so or refusal is met with, and exclusion from school is involved, the officers report the parents to the School Attendance Committee. There is a daily consultation and exchange of information between the School Attendance Officers and Nurses, who in turn report to the School Medical Officer any matters considered by them to be necessary. All cases of persistent irregularity of attendance, and those absent through alleged sickness, are referred by the School Attendance Officers to the School Medical Officer for examination and report. The officers likewise report all cases of non-notifiable infectious diseases ascertained by them.

The officers also contribute to the compilation of the lists of cripples, blind, deaf, epileptics and mentally affected.

There is a very close co-operation between the School Attendance and School Medical Services with a view to securing as regular attendance as possible, or if absence is necessary on account of sickness, procuring the appropriate treatment as speedily as possible.

12 D.—CO-OPERATION OF VOLUNTARY BODIES

The services of the N.S.P.C.C. are utilized to promote cleansing of children's heads and bodies, and in securing treatment by neglectful parents. The Local Inspector has rendered invaluable help in these directions with the greatest willingness. His services have been exceedingly useful in dealing with negligent parents of children suffering from defects of vision and other conditions likely to lead to serious defects where adequate treatment is not being secured.

A weekly consultation is held between the Inspector, School Attendance Officer and a representative of the Medical Service.

The Leigh Guild of Help has frequently responded with assistance in cases represented to them as deserving. Other organisations have also assisted in the payment of train fares for cases visiting special Hospitals for treatment.

The Leigh Needlework Guild and the Save the Children Fund have provided a considerable number of articles of clothing for necessitous children.

These organisations administer their help to school children through the Health Nurses.

The Local Clog Fund—through the Chief School Attendance Officer—provides necessitous children with clogs.

This Fund has been relieved somewhat by the Coalfields' Distress Fund supplying footwear to the children of partially or wholly unemployed miners.

Two hundred and ninety-seven new pairs of clogs or boots were supplied by the Local Clog Fund, and eighty-seven children were reclogged.

13.—BLIND, DEAF, DEFECTIVE AND EPILEPTIC CHILDREN

Lists are being compiled of children suffering from :—

Crippling Conditions	Blindness
Physical Defects	Deafness
Mental Defects	Epilepsy

Names are contributed whenever and wherever met with at Routine Inspection, Inspection Clinics, or suggested by the Teachers or School Attendance Officers.

The cases are reported to the School Attendance Committee and appropriate treatment recommended.

With the increased school accommodation available, it should be possible in the near future to consider the formation of special classes in the larger schools for feeble minded and dull and backward children. These children, who are at present in the ordinary classes would benefit greatly by special instruction. The ascertainment of these children has been proceeding during the year, and a list has been compiled of those who would be likely to reap advantage from instruction in a special class

The Committee send children to the following Institutions in addition to their own Open-air Camp School at Prestatyn :—

Blind Henshaw's Institution for the Blind, Old Trafford,
Manchester.

Catholic Blind Asylum, Liverpool.

Thomason Memorial School for Blind, Bolton.

Queen Alexandra Royal Schools for Blind, Birmingham.

Fulwood Homes for Blind, Fulwood, Preston.

Royal Schools for Blind, Leatherhead, Surrey.

Leeds School for Blind, Leeds.

Deaf. Thomason Memorial School for Deaf, Bolton.

St. John's R.C. Institution for Deaf, Boston Spa.

Royal Schools for Deaf, Manchester.

Physically Royal County Hospital, Heswall.

Defective. Children's Hospital and Open-Air School, West Kirby.

St. Vincent's R.C. Surgical Home for Crippled Children,
Eastcote.

Biddulph Orthopaedic Hospital School, Biddulph.

Bethesda Home for Cripples, Manchester.

Mentally	Leeds Special School for Mental Defectives, Armley, Leeds.
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Defective.	„	„	„	Hunslet Hall
	Road, Leeds.			

R.C. Special School, Pield Heath House, Hillingdon,
Middlesex.

Hastings and St. Leonard's Special School, St. Leonards-on-Sea.

Epileptic. Maghull Home for Epileptics.

St. Elizabeth's R.C. Epileptic Home, Much Hadham, Herts.

If the parents are in a position to do so, they are asked to contribute to the maintenance of their child, the sum being fixed in each case on its merits in accordance with a scale adopted by the Education Committee.

OPEN-AIR SCHOOL

There is no Open-Air School or Classroom in the area, but the Education Authority has an Open-Air School at Prestatyn, North Wales, utilizing the premises and the services of the domestic staff of the Leigh Children's Holiday Camp Committee on a per capita basis.

The resident staff consists of three teachers and a nurse who acts as nurse and matron. The Medical Service is under the supervision of the Leigh School Medical Officers with the assistance of a Prestatyn Medical practitioner.

The school is open for thirteen weeks in the year.

During April and May, 193 Children who were known to be suffering from one or more physical defects were examined, and of these 120 were selected for admission to the School.

The school was opened on 12th May, 1934. The first term extended from that day until the commencement of the Leigh school holidays. The second term began on 28th July.

Sixty children were chosen to attend for the first period of seven weeks from 12th May. The procedure was repeated and sixty other children were admitted for the second term of six weeks from 28th July

The School Dental Officer makes an oral inspection of the selected children, and gives appropriate treatment in all cases which do not obtain it from a private dental practitioner.

This ensures that each child is dentally sound and capable of receiving the maximum benefit obtainable from the open air conditions.

The selected children are re-examined on the day before they leave for the school to ensure that they are not suffering from any infectious ailment and that they are free from vermin and nits.

The following table shows the number of children in the school at the respective ages :—

Age (Years).....	7	8	9	10	11	12	13	Total
Boys.....	7	19	11	13	10	—	—	60
Girls.....	7	12	8	7	5	11	10	60
	14	31	19	20	15	11	10	120

The table given below shows the defects from which the scholars suffered :—

	Total
Acidosis.....	3
Adenoids.....	2
Anaemia.....	15
Anaemia and Debility.....	1
Anaemia and Malnutrition.....	7
Anaemia and Migraine.....	2
Anaemia and Rheumatism.....	1
Anaemia and Rickets.....	1
Bronchiectasis.....	1
Bronchitis	16
Bronchitis and Asthma	3
Cataract.....	1
Convalescent—Dislocation of Hip.....	2
Convalescent—Facial paralysis.....	1
Convalescent—Osteomyelitis	1
Cretinism.....	2
Debility, general	10
Debility and Malnutrition.....	2
Debility—Post-Nephritic	4
Debility—Post-operative.....	2
Debility—Post-Pneumonic.....	2
Debility—Post-rheumatic and post-choreic.....	8
Debility—post-scarlatinal.....	1
Functional Heart Disease.....	1
Malnutrition.....	5
Malnutrition, Bronchitis and Rheumatism.....	1
Malnutrition and Enlarged Tonsils and Adenoids.....	2
Migraine.....	5
Myopia.....	1
Otitis Media.....	5
Rheumatism.....	3
Rheumatism and Bronchitis.....	1
Rickets.....	2
Tuberculosis (non-pulmonary) Convalescent.....	4
Valvular Heart Disease.....	2
	<hr/>
	120
	<hr/>

The children have benefited a great deal from their stay at Prestatyn and in all cases there has been a gain in weight. The cases of malnutrition have done extremely well indeed, the open-air life and good-feeding having improved them enormously. The cases of Anaemia and Debility from any cause returned showing improved muscular tone and general spirits.

Taking the weight as the index of improvement in health, the result is quite striking. The total increase of weight of the children was four hundred and sixty-seven pounds (467 lbs.) giving an average of 3.9 lbs. per scholar. This is slightly lower than the average gain in weight during 1933, which was 4.09 lbs.

The maximum individual gain in weight was $10\frac{1}{2}$ lbs., and the minimum individual gain, $\frac{1}{4}$ -lb.

The individual gain in weight is shown below.

<i>Gain in Weight</i>	<i>No. of Scholars</i>	<i>% of total admissions approximate</i>
$\frac{1}{4}$ — $\frac{1}{2}$ lb.	2	1.66
$\frac{1}{2}$ —1 lb.	2	1.66
1— $1\frac{1}{2}$ lb.	6	5.
$1\frac{1}{2}$ —2 lb.	4	3.3
2 — $2\frac{1}{2}$ lb.	10	8.3
$2\frac{1}{2}$ —3 lb.	11	9.16
3 — $3\frac{1}{2}$ lb.	19	15.8
$3\frac{1}{2}$ —4 lb.	14	11.6
4 — $4\frac{1}{2}$ lb.	14	11.6
$4\frac{1}{2}$ —5 lb.	6	5.
5 — $5\frac{1}{2}$ lb.	4	3.3
$5\frac{1}{2}$ —6 lb.	9	7.5
6 — $6\frac{1}{2}$ lb.	5	4.16
$6\frac{1}{2}$ —7 lb.	4	3.3
7 — $7\frac{1}{2}$ lb.	4	3.3
$7\frac{1}{2}$ —8 lb.	2	1.66
8 — $8\frac{1}{2}$ lb.	3	2.5
$8\frac{1}{2}$ —9 lb.	—	—
9 — $9\frac{1}{2}$ lb.	—	—
$9\frac{1}{2}$ —10 lb.	—	—
10— $10\frac{1}{2}$ lb.	—	—
$10\frac{1}{2}$ —11 lb.	1	.83

Annual Report of the Operative Clinic

Surgeon :—MR. F. PEARCE STURM, M.Ch.

Clinic : Stone House

To the School Medical Officer.

Sir,

This clinic was established in 1922, and since the date of the opening, 1,577 School Children have been operated on. A very careful selection of the cases is made, and the necessity for operation firmly established before they are referred for the purpose.

The mere presence of Enlarged Tonsils does not constitute a qualification for operation, and very few of the cases dealt with suffered from Enlarged Tonsils only. The presence of Adenoids, however small, is considered to necessitate operative treatment. The majority dealt with so far have developed into the stage of exhibiting unmistakable objective signs, but it is hoped, when the older and more urgent cases have been dealt with, to treat at an earlier age, and thus prevent the more or less permanent physical defects.

With regard to the method of operation, adenoids are removed by the La Force Adenotome, an instrument whose value it is impossible to over-estimate. Diseased or hypertrophied tonsils are enucleated complete in their capsule by the Sluder method. I have used this method in all cases since 1911, and have yet to meet one to which it is inapplicable.

The following table gives details of the work carried out during the year 1934.

Number of Clinics held.....16.

School Children.

<i>Adenoids</i>			<i>Boys</i>	<i>Girls</i>	<i>Total</i>
<i>Adenoids</i>	<i>Tonsils</i>	<i>and Tonsils</i>			
15	3	63	44	37	81

Pre-School Children.

<i>Adenoids</i>		<i>Boys</i>	<i>Girls</i>	<i>Total</i>
<i>Adenoids</i>	<i>and Tonsils</i>			
2	1	2	1	3

I am,

Yours obediently,

F. PEARCE STURM,

Surgeon.

Annual Report of the Aural Clinic

Hon. Surgeon :—Mr. F. PEARCE STURM, M.Ch

Clinic : Stone House

To the School Medical Officer.

Sir,

I beg to present the Report of the Aural Clinic for the calendar year 1934.

The Clinic is held on Wednesday mornings, but cases requiring daily treatment are attended to by the Nurse, according to instructions, at the Minor Ailment Clinic.

The following table gives particulars of the School and pre-school Children dealt with at the Aural Clinic during the year :—

	<i>School Children</i>	<i>Pre-School Children</i>
No. of Clinics held.....	25	25
New Cases.....	120	6
Pre-operative Inspection.....	42	3
Referred to Operative Clinic.....	51	3
Referred to Private Doctor.....	3	—
Referred to Minor Ailment Clinic..	18	4
Inspected after Operation at Operative Clinic.....	51	3
Re-examinations.....	89	5
Total Attendances.....	301	19

Nature of Disease.

	<i>School</i>	<i>Pre-School</i>
Otitis Media.....	18	6
Deafness.....	12	2
Chronic Tonsillitis and Adenoids...	46	1
Adenoids.....	11	—
Chronic Tonsillitis.....	6	—
Tonsillitis (acute).....	4	—
Chronic Nasal Catarrh.....	2	—
Otalgia.....	2	—
Cervical Adenitis.....	3	—
Cerumen.....	6	—
Mastoiditis.....	1	—
Enlarged Turbinates.....	1	—
Rhinitis.....	2	—
Nasal Deformity	4	—
Pharyngitis.....	1	—
Undiagnosed.....	15	—

I am, yours obediently,

F. PEARCE STURM,
Hon. Aural Surgeon, School Medical Service.

Annual Report of the Dental Clinic.

To the School Medical Officer.

Sir,

I have the honour to submit the report of the School Dental Clinic for the year ending December 31st, 1934.

Routine inspection of children has been carried out in the Schools as in previous years. The parents of children found to be in need of treatment have been so informed, asked to decide as to whether they will secure treatment privately or accept the services of the Dental Clinic. Treatment has been given as soon as possible after receiving written consent from the parents.

Ten sessions per week have been devoted to inspection and treatment. Treatment has consisted mainly of conservation and extraction. A certain amount of orthodontic work has been undertaken, which in the absence of mechanical appliances has been of a limited nature. Several cases where mechanical correction has been indicated have been referred to the Manchester Dental Hospital with pleasing results.

Morning sessions were held for the administration of general anaesthetics. The Assistant School Medical Officer acted as Anaesthetist, Nitrous Oxide and Air being employed throughout. Parents are instructed beforehand how to prepare children for the anaesthetic. After the operation patients are kept at the Clinic until all bleeding has stopped, and are examined before leaving.

Toothbrush drill in the schools continues to increase in popularity, and a further number of teachers are eager to take up this work in the Infant Departments as soon as suitable equipment can be obtained.

Instruction in oral hygiene is given in school by the teachers, and by the distribution of the Dental Board's leaflets, while at the Clinic advice is given to all children and a large number of parents by the Dental Nurse.

I am,

Yours obediently,

LAWRENCE MORAN,

School Dental Officer.

TABLE I.—RETURN OF MEDICAL INSPECTIONS.

A.—ROUTINE MEDICAL INSPECTIONS.

Number of Inspections in the prescribed Groups—

Entrants	...	...	...	...	...	...	...	706
2nd Age Group	...	...	...	...	...	...	...	897
3rd Age Group	...	...	...	...	...	...	...	911
Total	...	...	...	...	...	...	...	2514

Number of other Routine Inspections 1188

B.—OTHER INSPECTIONS.

Number of Special Inspections	...	...	...	...	...	658
Number of Re-inspections	...	...	...	...	...	315
Total	...	...	...	...	...	973

TABLE II.

A.—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31ST DECEMBER, 1934.

Defect or Disease.					Routine Inspections.		Special Inspections.	
					No. of Defects.		No. of Defects.	
					Requiring treatment.	Requiring to be kept under observation, but <i>not</i> requiring treatment.	Requiring treatment.	Requiring to be kept under observation, but <i>not</i> requiring treatment
1					2	3	4	5
Skin	Malnutrition	...	...	...	41	4	36	0
	Ringworm :							
	Scalp	...	...	...			1	
	Body	...	...	...	
	Scabies	...	...	...	2		71	12
	Impetigo	...	...	...	36		22	5
Eye	Other Diseases (non-Tuberculous)..				1		24	6
	Blepharitis	...	...	...	23	1	3	0
	Conjunctivitis	...	...	...	2		8	4
	Keratitis	...	...	...	
	Corneal Opacities	...	...	...			3	
	Defective Vision (excluding Squint)	...	...	...	276	51	165	36
	Squint...	...	...	...	38	5	26	2
Ear	Other Conditions	...	...	...	19		23	4
	Defective Hearing	...	...	...	45		19	
	Otitis Media	...	...	...	78	5	28	4
	Other Ear Diseases	...	...	...	172	4	17	3

1						2	3	4	5	
Nose and Throat	{	Chronic Tonsillitis only	...	...	...	10	219	8	19
		Adenoids only	...	...	...	26	18	21	4
		Chronic Tonsillitis and Adenoids	...	...	...	44	26	31	8
		Other Conditions	...	...	..	33		16	4
Enlarged Cervical Glands (Non-Tuberculous)						...	473	10	46	
Defective Speech						...	6	10	4	
Heart and Circulation.	{	Heart Disease :								
		Organic	...	...	...	5	4	7	
		Functional	...	...	...	7	4	4	1
Lungs	{	Anæmia	...	...	...	34	13	16	5
		Bronchitis	...	...	...	94	9	85	17
		Other Non-Tuberculous Diseases	...	...	...	59		33	4
Tuberculosis	{	Pulmonary :								
		Definite	...	...	...		
		Suspected	...	...	...		
		Non-pulmonary :								
		Glands	...	...	...		2		1
		Bones and Joints	...	...	...	1			
Nervous System	{	Skin	...	...	...		
		Other Forms	..	...	...		
		Epilepsy	...	...	..		1	2	3
Deformities	{	Chorea	...	...	...			3	2
		Other Conditions	...	...	...	1		10	5
		Rickets	...	...	..	5	1	8	5
Other Defects and Diseases (excluding Uncleanliness and Dental Diseases)	{	Spinal Curvature	...	...	...	1	0	1	0
		Other Forms	...	...	...	5	0	4	1
								108	8	172	158
Totals						...	1172	858	881	359

B.—NUMBER OF *individual children* FOUND AT *Routine* MEDICAL INSPECTION TO REQUIRE TREATMENT (EXCLUDING UNCLEANLINESS AND DENTAL DISEASES).

Group. 1	Number of Children.		Percentage of Children found to require treatment. 4
	Inspected. 2	Found to require treatment. 3	
PRESCRIBED GROUPS :			
Entrants	706	157	22·2
2nd Age Group ...	897	225	25·0
3rd Age Groups ...	911	184	20·2
Total (Pres'bed Groups)	2514	566	22·5
Other Routine Inspections ...	1188	290	24·4
Grand Total	3702	856	

TABLE III.—RETURN OF ALL EXCEPTIONAL CHILDREN
IN THE AREA.

CHILDREN SUFFERING FROM MULTIPLE DEFECTS.....2

BLIND CHILDREN .

At Certified Schools for the Blind	At Public Elementary Schools	At Other Institutions	At no School or Institution	Total
—	—	—	—	—

PARTIALLY SIGHTED CHILDREN

At Certified Schools for the Blind	At Certified Schools for the Partially sighted	At Public Elementary Schools	At other Institutions	At no School or Institution	Total
—	1	—	—	—	1

DEAF CHILDREN

At Certified Schools for the Deaf	At Public Elementary Schools	At other Institutions	At no School or Institution	Total
6	—	—	—	6

PARTIALLY DEAF CHILDREN

At Certified Schools for the Deaf	At Certified Schools for the Partially Deaf	At Public Elementary Schools	At other Institutions	At no School or Institution	Total
—	—	—	—	—	—

MENTALLY DEFECTIVE CHILDREN

FEEBLE-MINDED CHILDREN

At Certified Schools for Mentally Defective Children	At Public Elementary Schools	At other Institutions	At no School or Institution	Total
—	20	1	1	22

EPILEPTIC CHILDREN

CHILDREN SUFFERING FROM SEVERE EPILEPSY

At Certified Special Schools	At Public Elementary Schools	At other Institutions	At no School or Institution	Total
—	—	—	1	1

PHYSICALLY DEFECTIVE CHILDREN

A.—TUBERCULOUS CHILDREN

I.—CHILDREN SUFFERING FROM PULMONARY TUBERCULOSIS

(Including pleura and intra-thoracic glands)

At Certified Special Schools	At Public Elementary Schools	At other Institutions	At no School or Institution	Total
—	—	—	2	2

II.—CHILDREN SUFFERING FROM NON-PULMONARY TUBERCULOSIS.

(This category should include tuberculosis of all sites other than those shown in (I) above).

At Certified Special Schools	At Public Elementary Schools	At other Institutions	At no School or Institution	Total
2	25	—	—	27

B.—DELICATE CHILDREN

At Certified Special Schools	At Public Elementary Schools	At other Institutions	At no School or Institution	Total
—	142	—	6	148

C.—CRIPPLED CHILDREN

At Certified Special Schools	At Public Elementary Schools	At other Institutions	At no School or Institution	Total
1	55	—	3	59

D.—CHILDREN WITH HEART DISEASE

At Certified Special Schools	At Public Elementary Schools	At other Institutions	At no School or Institution	Total
—	2	—	2	4

TABLE IV.—RETURN OF DEFECTS TREATED DURING
THE YEAR ENDED 31ST DECEMBER, 1934.

TREATMENT TABLE.

Group I.—Minor Ailments (excluding Uncleanliness, for which see Group VI).

Disease or Defect 1	Number of Defects treated, or under treatment during the year		
	Under the Authority's Scheme 2	Otherwise 3	Total 4
<i>Skin—</i>			
Ringworm-Scalp—			
(i) X-Ray Treatment. If none, indicate by dash.	—	—	—
(ii) Other ,,	1	—	1
Ringworm-Body.....	11	—	11
Scabies.....	25	1	26
Impetigo.....	328	2	330
Other skin disease.....	17	1	18
<i>Minor Eye Defects</i>	49	4	53
(External and other, but excluding cases falling in Group II).			
<i>Minor Ear Defects</i>	71	5	76
<i>Miscellaneous</i>			
(e.g., minor injuries, bruises, sores, chilblains, etc.).....	447	8	455
Total	949	21	970

Group II.—Defective Vision and Squint (excluding Minor Eye Defects treated as Minor Ailments—Group I).

Defect or Disease (1)	No. of Defects deal with			No. of children for whom spectacles were			
	Under the Authority's Scheme (2)	Otherwise (3)	Total (4)	Prescribed (1)		Obtained (2)	
				(i) Under the Author- ity's Scheme	(ii) Other- wise	(i) Under the Author- ity's Scheme	(ii) Other- wise.
Errors of Refraction (including squint)	175	30	205	157	30	157	30
Other Defect or Dis- ease of the Eyes (exclud. those re- corded in Group I).	—	2	2				
Total	175	32	207				

Group III.—Treatment of Defects of Nose and Throat.

NUMBER OF DEFECTS

Received Operative Treatment												Received other forms of Treatment (4)	Total number treated (5)
Under the Authority's Scheme, in Clinic or Hospital (1)				By Private Practitioner or Hospital, apart from the Authority's Scheme (2)				Total (3)					
(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)		
1	10	36	—	—	—	4	—	1	10	40	—	22	73

Group IV.—Orthopaedic and Postural Defects

	Under the Authority's Scheme (1)			Total number treated
	Residential treatment with education (i)	Residential treatment without education (ii)	Non-residential treatment at an orthopaedic clinic (iii)	
Number of children treated.	3	1	28	28

	Otherwise (2)			Total number treated (1) & (2)
	Residential treatment with education (i)	Residential treatment without education (ii)	Non-residential ¹ treatment at an orthopaedic clinic (iii)	
Number of children treated.	—	—	—	28

Group V.—Dental Defects.

(1) Number of Children who were :—

(a) Inspected by the Dentist :

Aged :

Routine Age Groups	4...	296	} Total ... 2316
	5...	475	
	6...	474	
	7...	430	
	8...	273	
	9...	184	
	10..	184	
	11...	—	
	12...	—	
	13...	—	
Specials	14 ..	—	140
Grand Total...			2456

(b) Found to require treatment 1904

(c) Actually treated 2069

(2) Half-days devoted to { Inspection... 20 } Total 397
 { Treatment... 377 }

(3) Attendances made by children for treatment... .. 3416

(4) Fillings { Permanent teeth... 685 } Total 1266
 { Temporary teeth... 581 }

(5) Extractions { Permanent teeth... 595 } Total 5126
 { Temporary teeth... 4531 }

(6) Administrations of general anæsthetics for extractions—... 395

(7) Other operations { Permanent teeth... 216 } Total 1402
 { Temporary teeth... 1186 }

Group VI.—Uncleanliness and Verminous Conditions.

(i) Average number of visits per school made during the year by the School Nurses...8·7

(ii) Total number of examinations of children in the Schools by School Nurses...13268

(iii) Number of individual children found unclean...1804

(iv) Number of children cleansed under arrangements made by the Local Education Authority...Nil

(v) Number of cases in which legal proceedings were taken :

(a) Under the Education Act, 1921...Nil

(b) Under School Attendance Byelaws...Nil

MENTAL DEFICIENCY (NOTIFICATION OF CHILDREN)
REGULATIONS, 1928.

FORM 307 M.

Statement of the number of children notified during the year ended 31st
December, 1934, by the Local Education Authority to the Local
Mental Deficiency Authority.

Total number of children notified ... Nil



